

Application Data Sheet

Application Information

Application number::
Filing Date:: 16 July 2003
Application Type:: Regular
Subject Matter:: Utility
Title:: METHODS AND APPARATUS FOR
ENHANCING DIAGNOSIS OF MYOCARDIAL
INFARCTIONS
Attorney Docket Number:: 020061-000410US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ARNE
Family Name:: SIPPENSGROENEWEGEN
Name Suffix:: MD, PhD
City of Residence:: Burlingame
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3662 Hillside Drive
City of Mailing Address:: Burlingame
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: OMAR
Family Name:: AMIRANA
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1576 Union Street, #2
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94123

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: TERRANCE
Family Name:: RANSBURY
City of Residence:: Pleasanton
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2560 Grappa Place
City of Mailing Address:: Pleasanton
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94566

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: SCOTT
Family Name:: DENTINO
City of Residence:: Capitola

State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 721 Rosedale, #8
City of Mailing Address:: Capitola
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95010

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Appl claiming benefit under 35 USC 119(e) of	60/396,681	07/17/02